

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **February 1-15-2009**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED January 26, 2009	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		

5. APPLICANT INFORMATION

Legal Name: County of Modoc	<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED FEB 02 2009 STATE CLEARING HOUSE </div>	Organizational Unit: Department: Public Works
Organizational DUNS: 07-611-8678		Division:
Address: Street: 202 W. 4th Street		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Richard
City: Alturas		Middle Name R.
County: Modoc		Last Name Hironymous
State: California	Zip Code 96101	Suffix:
Country: USA		Email: rhironymous@modoccounty.us

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 - 6 0 0 0 5 2 2	Phone Number (give area code) 530-233-6403	Fax Number (give area code) 530-233-3132
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8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision
 If Revision, enter appropriate letter(s) in box(es)
 (See back of form for description of letters.)
 Other (specify)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE (Name of Program):
 Airport Improvement Program
 2 0 - 1 0 6

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Town of Cedarville, Modoc County, California

13. PROPOSED PROJECT

Start Date: 2009	Ending Date: 2009
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15. ESTIMATED FUNDING:

a. Federal	\$	673,550 ⁰⁰
b. Applicant	\$	18,611 ⁰⁰
c. State	\$	16,839 ⁰⁰
d. Local	\$	0 ⁰⁰
e. Other	\$	0 ⁰⁰
f. Program Income	\$	0 ⁰⁰
g. TOTAL	\$	709,000 ⁰⁰

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix Mr.	First Name Richard	Middle Name
Last Name Hironymous	Suffix	
b. Title Director, Public Works Department	c. Telephone Number (give area code) (530) 233-6403	
d. Signature of Authorized Representative <i>Richard Hironymous</i>	e. Date Signed 1/29/09	

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED January 26, 2009	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name:		Organizational Unit:	
County of Modoc		Department: Public Works	
Organizational DUNS: 07-611-8678		Division:	
Address: Street: 202 W. 4th Street		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Alturas		Prefix: Mr.	First Name: Richard
County: Modoc		Middle Name R.	
State: California		Last Name Hironymous	
Zip Code 96101	Suffix:		
Country: USA		Email: rhironymous@modoccounty.us	

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94-6000522

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)

Other (specify)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

20-106

TITLE (Name of Program):
Airport Improvement Program

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Town of Tulelake, Modoc County, California

13. PROPOSED PROJECT

Start Date:
2009

Ending Date:
2009

15. ESTIMATED FUNDING:

a. Federal	\$	1,280,600 ⁰⁰
b. Applicant	\$	35,385 ⁰⁰
c. State	\$	32,015 ⁰⁰
d. Local	\$	0 ⁰⁰
e. Other	\$	0 ⁰⁰
f. Program Income	\$	0 ⁰⁰
g. TOTAL	\$	1,348,000 ⁰⁰

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix Mr.	First Name Richard	Middle Name
Last Name Hironymous		Suffix
b. Title Director of Public Works		c. Telephone Number (give area code) (530) 233-6403
d. Signature of Authorized Representative <i>Richard Hironymous</i>		e. Date Signed 1/27/09

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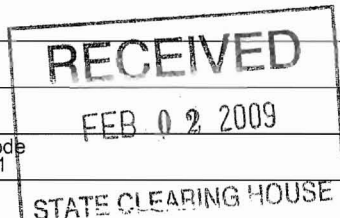
APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED January 26, 2009	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION

Legal Name:		Organizational Unit:	
County of Modoc		Department: Public Works	
Organizational DUNS: 07-611-8678		Division:	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: 202 W. 4th Street		Prefix: Mr.	First Name: Richard
City: Alturas		Middle Name R.	
County: Modoc		Last Name Hironymous	
State: California	Zip Code 96101	Suffix:	
Country: USA		Email: rhironymous@modocounty.us	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000522	Phone Number (give area code) 530-233-6403	Fax Number (give area code) 530-233-3132
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) B. County Other (specify)
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106 TITLE (Name of Program): Airport Improvement Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Tulelake Municipal Airport, Modoc County, California Construction of 8-foot Perimeter Fence (16,150 In. ft.)
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Town of Tulelake, Modoc County, California	9. NAME OF FEDERAL AGENCY: Federal Aviation Administration
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13. PROPOSED PROJECT Start Date: 2009 Ending Date: 2009	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 02 b. Project 02
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15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 395,200.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: January 27, 2009
b. Applicant \$ 10,920.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 9,880.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$ 0.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ 0.00	
g. TOTAL \$ 416,000.00	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative			
Prefix Mr.	First Name Richard	Middle Name	
Last Name Hironymous		Suffix	
b. Title Director of Public Works		c. Telephone Number (give area code) (530) 233-6403	
d. Signature of Authorized Representative <i>Richard Hironymous</i>		e. Date Signed 1/27/09	

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 1/12/09		Applicant Identifier	
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			
RECEIVED					
5. APPLICANT INFORMATION Legal Name: SAN SIMON COMMUNITY SERVICES DISTRICT				Organizational Unit: Department: FEB 02 2009	
Organizational DUNS:				Division:	
Address: Street: 111 PICO AVENUE				Name and telephone number of person to be contacted on matters involving this application (give area code): Prefix: MR. First Name: CHARLES	
City: SAN SIMON				Middle Name: ROBERT	
County: SAN LUIS OBISPO				Last Name: GRACE	
State: CA.		Zip Code: 93452		Suffix:	
Country:				Email: CGRACE@SWWC.COM	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2755743				Phone Number (give area code): 805 927-4778 Fax Number (give area code): 805 927-0399	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):				7. TYPE OF APPLICANT: (See back of form for Application Types) G. SPECIAL DISTRICT Other (specify):	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program):				9. NAME OF FEDERAL AGENCY:	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): COUNTIES				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: WATER WELL REHABILITATION PROJECT	
13. PROPOSED PROJECT Start Date: Ending Date:				14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project	
15. ESTIMATED FUNDING: a. Federal \$ 852,404 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 852,404				16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Authorized Representative Prefix MR. First Name CHARLES Middle Name ROBERT Last Name GRACE b. Title GENERAL MANAGER c. Telephone Number (give area code) 805 431-6253 or 927-4778 d. Signature of Authorized Representative e. Date Signed 1/23/09					

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Prescribed by OMB Circular A-102

(Certified Current 6/16/07)

APPLICATION FOR
FEDERAL ASSISTANCE

2. DATE SUBMITTED

March 7, 2008

Applicant Identifier

Tarmac Phase I

1. TYPE OF SUBMISSION:

Application

☒ Construction☐ Non-Construction

Preapplication

☐ Construction☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:

City of Reedley Municipal Airport

Organizational Unit:

Department: Public Works

Organizational DUNS: 00-494-0631

Division: Airport

Address:

Street: 1733 Ninth Street

Name and telephone number of person to be contacted on matters involving this application (give area code)

Prefix: Mr.

First Name: Dana

City: Reedley

Middle Name: R

County: Fresno

Last Name: Ritschel

State: Ca

Zip Code: 93654

Suffix:

Country: USA

Email: dana.ritschel@reedley.com

6. EMPLOYER IDENTIFICATION NUMBER EIN:

9 4 - 6 0 0 0 4 0 2

Phone number (give area code):

(559) 637-4200 ext 277

FAX number (give area code):

(559) 637-2139

8. TYPE OF APPLICATION:

☒ New☐ Continuation☐ RevisionIf Revision, enter appropriate letter(s) in box(es):
(See back of form for description of letters)

Other (specify)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

2 0 - 1 0 6

TITLE:

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

13. PROPOSED PROJECT

Start Date

5/1/2008

Ending Date

11/1/2008

15. ESTIMATED FUNDING

a. Federal	\$	250,000	.00
b. Applicant	\$		.00
c. State	\$		.00
d. Local	\$	5000	.00
e. Other	\$		.00
f. Program income	\$		.00
g. TOTAL	\$	255,000	.00

14. CONGRESSIONAL DISTRICTS OF

a. Applicant

21

b. Project

21

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE: 3/6/2008

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix Mr

First Name Dana

Middle Name R

Last Name Ritschel

Suffix

b. Title Airport Manager

c. Telephone number (give area code)

(559) 637-4200 ext 277

d. Signature of Authorized Representative

e. Date Signed 3/6/2008

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APPLICATION FOR FEDERAL ASSISTANCE

APV.
RCH #304
1-29-09

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED		Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: FRESNO AREA HISPANIC FOUNDATION			Organizational Unit: Department: N/A		
Organizational DUNS: 068011449			Division: N/A		
Address: Street: 1444 FULTON ST.			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: FRESNO			Prefix: MS First Name: DORA		
County: FRESNO			Middle Name		
State: CALIFORNIA			Last Name: WESTERLUND		
Zip Code: 93721			Suffix:		
Country: USA			Email: dwesterlund@fahcc.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7 5 - 3 1 2 9 7 0 5			Phone Number (give area code): (559) 222-8705		
			Fax Number (give area code): (559) 222-8706		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) BUILDING RENOVATION AND UPGRADE Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 1 - 3 0 0			9. NAME OF FEDERAL AGENCY: ECONOMIC DEVELOPMENT ADMINISTRATION		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CITY and COUNTY of FRESNO			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FRESNO AREA HISPANIC FOUNDATION - BUILDING RENOVATION AND UPGRADE		
13. PROPOSED PROJECT Start Date: JAN 15, 2009 Ending Date: JULY 15, 2009			14. CONGRESSIONAL DISTRICTS OF: a. Applicant JIM COSTA b. Project JIM COSTA		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	1,429,750 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:		
b. Applicant	\$	2,600,000 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	⁰⁰			
g. TOTAL	\$	4,029,750 ⁰⁰			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix: MS		First Name: DORA		Middle Name: NMI	
Last Name:				Suffix:	
b. Title: PRESIDENT & CHIEF EXECUTIVE OFFICER		c. Telephone Number (give area code): (559) 222-8705			
d. Signature of Authorized Representative:		e. Date Signed: SEPTEMBER 2008			

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED January 2009	Applicant Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: City of Redding, California		Organizational Unit: Benton Airpark	
Organizational DUNS: 07-378-0413		Department: Transportation & Engineering	
Address: Street: 777 Cypress Avenue		Division: Airports	
City: Redding		Name and telephone number of person to be contacted on matters involving this application (give area code)	
County: Shasta		Prefix: Mr.	First Name: Rod
State: CA		Middle Name: A.	
Zip Code: 96001-2718	Last Name: Dinger		
Country: USA		Suffix:	
		Email: rdinger@ci.redding.ca.us	

6. EMPLOYER IDENTIFICATION NUMBER EIN:

9	4	-	6	0	0	0	4	0	1	
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Phone number (give area code):

(530) 224-4321

FAX number (give area code):

(530) 224-4318**8. TYPE OF APPLICATION:**☒ New ☐ Continuation ☐ RevisionIf Revision, enter appropriate letter(s) in box(es):
(See back of form for description of letters)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)**C**

Other (specify)

9. NAME OF FEDERAL AGENCY**Federal Aviation Administration****10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER**

2	0	-	1	0	6
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TITLE: **Airport Improvement Program (AIP)****11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

1. Runway Safety Area Improvements (Phase I)
2. Runway Safety Area Improvements – Phase II (Design Only)

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):**Cities of Redding, Anderson and Red Bluff; Counties of Shasta, Tehama, Trinity, Siskiyou, Modoc and Lassen State of California****13. PROPOSED PROJECT**

Start Date

07/01/09

Ending Date

03/30/10**14. CONGRESSIONAL DISTRICTS OF**

a. Applicant

#02

b. Project

#02**15. ESTIMATED FUNDING**

a. Federal	\$	1,776,500	.00
b. Applicant	\$	49,088	.00
c. State	\$	44,413	.00
d. Local	\$	0	.00
e. Other	\$	0	.00
f. Program income	\$	0	.00
g. TOTAL	\$	1,870,000	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESSa. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ONDATE: **01/28/09**b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**☐ Yes If "Yes" attach an explanation☒ No**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.**

a. Authorized Representative

Prefix **Mr.** First Name **Brian**

Middle Name

Last Name **Crane**

Suffix

b. Title **Director, Transportation and Engineering**

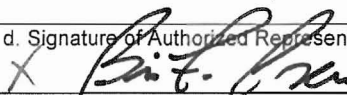
c. Telephone number (give area code)

(530) 245-7155

d. Signature of Authorized Representative

e. Date Signed

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED January 2009		Applicant Identifier	
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: City of Redding, California			Organizational Unit: Benton Airpark		
			Department: Transportation & Engineering		
Organizational DUNS: 07-378-0413			Division: Airports		
Address: Street: 777 Cypress Avenue			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Redding			Prefix: Mr. First Name: Rod		
County: Shasta			Middle Name: A.		
State: CA Zip Code: 96001-2718			Last Name: Dinger		
Country: USA			Suffix:		
Email: rdinger@ci.redding.ca.us					
6. EMPLOYER IDENTIFICATION NUMBER EIN: 9 4 - 6 0 0 0 4 0 1			Phone number (give area code): (530) 224-4321		FAX number (give area code): (530) 224-4318
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) C Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 2 0 - 1 0 6			9. NAME OF FEDERAL AGENCY Federal Aviation Administration		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Cities of Redding, Anderson and Red Bluff; Counties of Shasta, Tehama, Trinity, Siskiyou, Modoc and Lassen State of California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 1. Runway Safety Area Improvements (Design Only) 2. Pavement Maintenance Management Program (PMMP)		
13. PROPOSED PROJECT Start Date: 03/01/09 Ending Date: 06/30/09			14. CONGRESSIONAL DISTRICTS OF a. Applicant: #02 b. Project: #02		
15. ESTIMATED FUNDING			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS		
a. Federal	\$	212,443	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	5,870	DATE: 01/28/09		
c. State	\$	5,311	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$	0	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$	0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program income	\$	0	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No		
g. TOTAL	\$	223,624			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Brian		Middle Name	
Last Name Crane				Suffix	
b. Title Director, Transportation and Engineering				c. Telephone number (give area code) (530) 245-7155	
d. Signature of Authorized Representative 				e. Date Signed 1/30/09	

**APPLICATION FOR
FEDERAL ASSISTANCE**

2. DATE SUBMITTED

January 2009

Applicant Identifier

1. TYPE OF SUBMISSION:

Application

☒ Construction☒ Non-Construction

Preapplication

☐ Construction☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:

City of Redding, California

Organizational Unit: Redding Municipal Airport

Department: Transportation & Engineering

Organizational DUNS: 07-378-0413

Division: Airports

Address:

Street: 777 Cypress Avenue

Name and telephone number of person to be contacted on matters involving this application (give area code)

Prefix: Mr.

First Name: Rod

City: Redding

Middle Name: A.

County: Shasta

Last Name: Dinger

State: CA

Zip Code: 96001-2708

Suffix:

Country: USA

Email: rdinger@ci.redding.ca.us

6. EMPLOYER IDENTIFICATION NUMBER EIN:

9 4 - 6 0 0 0 4 0 1

Phone number (give area code):

(530) 224-4321

FAX number (give area code):

(530) 224-4318

8. TYPE OF APPLICATION:

☒ New☐ Continuation☐ RevisionIf Revision, enter appropriate letter(s) in box(es):
(See back of form for description of letters)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

C

Other (specify)

9. NAME OF FEDERAL AGENCY

Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

2 0 - 1 0 6

TITLE: Airport Improvement Program
(AIP)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

1. Runway 16-34 - Pavement Preservation (Design Only)
2. Taxiway D, D1B, D2A, C, E, H (Design Only)
3. Airport Electrical Master Plan
4. Skid Mounted ARFF Unit (Part 139) - Reimbursement
5. Airfield Signage Rehabilitation (Part 139)

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

Cities of Redding, Anderson and Red Bluff; Counties of Shasta, Tehama, Trinity, Siskiyou, Modoc and Lassen State of California

13. PROPOSED PROJECT

Start Date
03/01/09Ending Date
09/30/10

14. CONGRESSIONAL DISTRICTS OF

a. Applicant
#02b. Project
#02

15. ESTIMATED FUNDING

a. Federal	\$	486,996	.00
b. Applicant	\$	25,631	.00
c. State	\$	0	.00
d. Local	\$	0	.00
e. Other	\$	0	.00
f. Program income	\$	0	.00
g. TOTAL	\$	512,627	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE: 01/28/09

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix Mr.

First Name Brian

Middle Name

Last Name Crane

Suffix

b. Title Director, Transportation and Engineering

c. Telephone number (give area code)

(530) 245-7155

d. Signature of Authorized Representative

e. Date Signed

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED

Applicant Identifier

Scott20090865

3. DATE RECEIVED BY STATE

State Application Identifier

1. TYPE OF SUBMISSION

- ☐ Pre-application ☒ Application
☐ Changed/Corrected Application

4. Federal Identifier

DE-FG02-03ER15467 renewal

5. APPLICANT INFORMATION

* Organizational DUNS: 094878394

* Legal Name: The Regents of the University of California

Department: Office of Research

Division: Vice Chancellor of Research

* Street1: 3227 Cheadle Hall

Street2:

* City: Santa Barbara

County: Santa Barbara

* State: CA: California

Province:

* Country: UNITED STATES * ZIP / Postal Code: 93106



Person to be contacted on matters involving this application

Prefix: * First Name: Middle Name: * Last Name: Suffix:

Ms. Stephanie

May

* Phone Number: 805-893-3890

Fax Number: 805-893-2611

Email: proposals@research.ucsb.edu

6. EMPLOYER IDENTIFICATION (EIN) or (TIN):

05-8006145W

7. TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

8. TYPE OF APPLICATION: ☐ New

Other (Specify):

☐ Resubmission ☒ Renewal ☐ Continuation ☐ Revision

Small Business Organization Type

☐ Women Owned☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☐ A. Increase Award ☒ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify):

9. NAME OF FEDERAL AGENCY:

Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

* Is this application being submitted to other agencies? Yes ☐ No ☒

What other Agencies?

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Hierarchical Design of Supported Organometallic Catalysts for Hydrocarbon Transformations: Structures and Dynamics of the Active Site

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

N/A

13. PROPOSED PROJECT:

* Start Date

* Ending Date

09/15/2009

09/14/2012

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant

b. * Project

23

23

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Middle Name: * Last Name: Suffix:

Dr. Susannah

L.

Scott

Position/Title: Professor

* Organization Name: The Regents of the University of California

Department: Department of Chemical Engr.

Division: College of Engineering

* Street1: Engr. II

Street2:

* City: Santa Barbara

County: Santa Barbara

* State: CA: California

Province:

* Country: UNITED STATES * ZIP / Postal Code: 93106

* Phone Number: 805-893-5606

Fax Number: 805-893-4731

* Email: sscott@engineering.ucsb.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

16. ESTIMATED PROJECT FUNDING a. * Total Estimated Project Funding <input style="width: 150px;" type="text" value="1,808,222.00"/> b. * Total Federal & Non-Federal Funds <input style="width: 150px;" type="text" value="1,808,222.00"/> c. * Estimated Program Income <input style="width: 150px;" type="text" value="0.00"/>	17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input style="width: 100px;" type="text" value="02/02/2009"/> b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
---	--

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ * I agree

* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

19. Authorized Representative				
Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Ms.	Stephanie		May	
* Position/Title:	Sponsored Projects Officer		* Organization: The Regents of the University of California	
Department:	Office of Research		Division: Vice Chancellor of Research	
* Street1:	3227 Cheadle Hall		Street2:	
* City:	Santa Barbara	County:	Santa Barbara	* State: CA: Califon
Province:		* Country:	UNITED ST	* ZIP / Postal Code: 93106
* Phone Number:	805-893-3690	Fax Number:	805-893-2611	* Email: proposals@research.ucsb.edu
* Signature of Authorized Representative			* Date Signed	
Completed on submission to Grants.gov			Completed on submission to Grants.gov	

20. Pre-application <input style="width: 150px;" type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
---	---

21. Attach an additional list of Project Congressional Districts If needed.		
<input style="width: 150px;" type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	

OMB Number: 4040-0001
Expiration Date: 04/30/2008

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED February 3, 2009		Applicant Identifier QXR 09-2	
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier NPIAS 3-06-0179-029-2009	
Legal Name: County of Ventura			Organizational Unit: Department: Department of Airports		
Organizational DUNS: 129771036			Division:		
Address: Street: 555 Airport Way, Suite B			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Camarillo			Prefix: Mr.		
County: Ventura			First Name: Todd		
State: CA			Middle Name		
Zip Code: 93010			Last Name McNamee		
Country: USA			Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000944			Email: todd.mcnamee@ventura.org		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106			9. NAME OF FEDERAL AGENCY: Federal Aviation Administration, Western Pacific Region		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Ventura County			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Environmental Planning for the following projects: Relocate Displaced Threshold on Runway 25. Purchase of approximately 10.2 acres of property on the east side. Purchase of approximately 9 acres of property on the north side.		
13. PROPOSED PROJECT Start Date: July 2009 Ending Date: July 2011			14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 23 & 24 b. Project: 24		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	250,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: February 3, 2009, FAX'ed to (916) 323-3018		
b. Applicant	\$	13,158	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$		<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$				
g. TOTAL	\$	263,158			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Todd		Middle Name	
Last Name McNamee		Suffix			
b. Title Director of Airports		c. Telephone Number (give area code) (805) 388-4200		e. Date Signed February 3, 2009	
d. Signature of Authorized Representative					

APPLICATION FOR
FEDERAL ASSISTANCE

2. DATE SUBMITTED

January 28, 2009

Applicant Identifier

1. TYPE OF SUBMISSION:

Application

☒ Construction☐ Non-Construction

Preapplication

☐ Construction☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:

City of San Jose

Organizational Unit:

Department: Norman Y Mineta SanJose International

Organizational DUNS: 063541874

Division:

Address:

Street: 1732 North First Street

Name and telephone number of person to be contacted on matters involving this application (give area code)

Prefix: Ms

First Name: Laura

City: San Jose

Middle Name:

County: Santa Clara

Last Name: Luu

State: CA

Zip Code: 95112-4538

Suffix:

Country: USA

Email: lluu@sjc.org

6. EMPLOYER IDENTIFICATION NUMBER EIN:

Phone number (give area code):

FAX number (give area code):

9 4 - 6 0 0 0 4 1 9

408-501-7629

408-573-1677

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ RevisionIf Revision, enter appropriate letter(s) in box(es):
(See back of form for description of letters)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

C

Other (specify)

9. NAME OF FEDERAL AGENCY

DOT- Federal Aviation Administration

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Design and installation of pre-conditioned air units and power for aircraft to the underside of 13 passenger boarding bridges on Terminal A.

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

2 0 - 1 0 6

TITLE: Airport Improvement Program???

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

San Jose, California

13. PROPOSED PROJECT

Start Date

November 2009

Ending Date

June 2010

14. CONGRESSIONAL DISTRICTS OF

a. Applicant

15th

b. Project

15th

15. ESTIMATED FUNDING

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE: January 28, 2009

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix Ms

First Name Deanna

Middle Name

Last Name Santana

Suffix

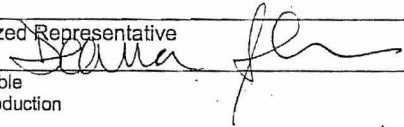
b. Title Deputy City Manager

c. Telephone number (give area code)

408-535-8280

d. Signature of Authorized Representative

e. Date Signed

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED January 28, 2009		Applicant Identifier																													
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE		State Application Identifier																													
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier																													
5. APPLICANT INFORMATION																																	
Legal Name: City of San Jose			Organizational Unit: Department: Norman Y Mineta SanJose International																														
Organizational DUNS: 063541874			Division:																														
Address: Street: 1732 North First Street			Name and telephone number of person to be contacted on matters involving this application (give area code)																														
City: San Jose			Prefix: Ms First Name: Laura																														
County: Santa Clara			Middle Name:																														
State: CA Zip Code: 95112-4538			Last Name: Luu																														
Country: USA			Suffix:																														
			Email: lluu@sjc.org																														
6. EMPLOYER IDENTIFICATION NUMBER (EIN):			Phone number (give area code): 408-501-7629																														
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 - 6 0 0 0 4 1 9 </div>			FAX number (give area code): 408-573-1677																														
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters)			7. TYPE OF APPLICANT: (See back of form for Application Types) <div style="border: 1px solid black; padding: 2px; display: inline-block;">C</div> Other (specify)																														
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2 0 - 1 0 6 </div> TITLE: Airport Improvement Program???			9. NAME OF FEDERAL AGENCY DOT- Federal Aviation Administration																														
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): San Jose, California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Convert 11 Vehicles to Alternative Fuel Vehicles.																														
13. PROPOSED PROJECT Start Date: December 2008 Ending Date: June 2009			14. CONGRESSIONAL DISTRICTS OF a. Applicant: 15th b. Project: 15th																														
15. ESTIMATED FUNDING			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: January 28, 2009 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td style="text-align: right;">88,866</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">126,013</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program income</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">214,879</td> <td style="text-align: right;">.00</td> </tr> </table>			a. Federal	\$	88,866	.00	b. Applicant	\$	126,013	.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program income	\$.00	g. TOTAL	\$	214,879	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No		
a. Federal	\$	88,866	.00																														
b. Applicant	\$	126,013	.00																														
c. State	\$.00																														
d. Local	\$.00																														
e. Other	\$.00																														
f. Program income	\$.00																														
g. TOTAL	\$	214,879	.00																														
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																																	
a. Authorized Representative																																	
Prefix Ms		First Name Deanna		Middle Name																													
Last Name Santana				Suffix																													
b. Title Deputy City Manager				c. Telephone number (give area code) 408-535-8280																													
d. Signature of Authorized Representative 				e. Date Signed 1/28/09																													

APPLICATION FOR
FEDERAL ASSISTANCE2. DATE SUBMITTED
January 27, 2009

Applicant Identifier

1. TYPE OF SUBMISSION:

Application
☒ Construction
☐ Non-ConstructionPreapplication
☐ Construction
☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

03-06-226

5. APPLICANT INFORMATION

Legal Name:
City of San Jose

Organizational Unit:

Department: Norman Y Mineta San Jose International Airport

Organizational DUNS: 063541874

Division:

Address:

Street: 1732 North First Street, Suite 600

Name and telephone number of person to be contacted on matters involving this application (give area code)

Prefix: Ms.

First Name: Laura

City: San Jose

Middle Name:

County: Santa Clara

Last Name: Luu

State: CA

Zip Code: 95112-4538

Suffix:

Country: USA

Email: lluu@sjc.org

6. EMPLOYER IDENTIFICATION NUMBER EIM:

Phone number (give area code):

FAX number (give area code):

9 4 - 6 0 0 0 4 1 9

408-501-7629

408-573-1677

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

7. TYPE OF APPLICANT: (See back of form for Application Types)

☒ C

Other (specify)

If Revision, enter appropriate letter(s) in box(es):
(See back of form for description of letters)

Other (specify)

9. NAME OF FEDERAL AGENCY

DOT - Federal Aviation Administration

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Design and construct portion of the Taxiway W improvements which includes the extension of Taxiway W from Taxiway C to Taxiway D and extension of Taxiway D from Runway 30L to Taxiway V in order to address a FAA recommendation from the Runway Safety Action Team (RSAT) and provide increased operational flexibility in the ground handling of General Aviation aircraft on the Westside of the airfield.

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

2 0 - 1 0 6

TITLE: Airport Improvement Program

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

San Jose, California

13. PROPOSED PROJECT

14. CONGRESSIONAL DISTRICTS OF

Start Date

January 1, 2009

Ending Date

June 30, 2011

a. Applicant

15th

b. Project

15th

15. ESTIMATED FUNDING

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE: January 27, 2009

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix Mr

First Name William

Middle Name F

Last Name Sherry

Suffix

b. Title Director of Aviation

c. Telephone number (give area code)

408-501-7669

d. Signature of Authorized Representative

e. Date Signed

1/27/09

APPLICATION FOR
FEDERAL ASSISTANCE

2. DATE SUBMITTED

January 28, 2009

Applicant Identifier

1. TYPE OF SUBMISSION:

Application
☒ Construction
☐ Non-ConstructionPreapplication
☐ Construction
☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

03-06-226

5. APPLICANT INFORMATION

Legal Name:

City of San Jose

Organizational Unit:

Department: Norman Y Mineta San Jose International Airport

Organizational DUNS: 063541874

Division:

Address:

Street: 1732 North First Street, Suite 600

Name and telephone number of person to be contacted on matters involving this application (give area code)

Prefix: Ms.

First Name: Laura

City: San Jose

Middle Name:

County: Santa Clara

Last Name: Luu

State: CA

Zip Code: 95112-4538

Suffix:

Country: USA

Email: lluu@sjc.org

6. EMPLOYER IDENTIFICATION NUMBER EIM:

Phone number (give area code):

FAX number (give area code):

9 4 - 6 0 0 0 4 1 9

408-501-7629

408-573-1677

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ RevisionIf Revision, enter appropriate letter(s) in box(es):
(See back of form for description of letters)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

C

Other (specify)

9. NAME OF FEDERAL AGENCY

DOT - Federal Aviation Administration

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Construct the replacement of portion of the south apron area at the Northern Concourse of Terminal B in order to support the heavier aircraft projected to use the 6 terminal gates in this building.

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

TITLE:

RECEIVED
FEB 05 2009
STATE CLEARING HOUSE

2 0 - 1 0 6

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

San Jose, California

13. PROPOSED PROJECT

Start Date

April 10, 2009

Ending Date

February 28, 2010

15. ESTIMATED FUNDING

a. Federal	\$	8,627,000	.00
b. Applicant	\$	2,077,000	.00
c. State	\$		.00
d. Local	\$		.00
e. Other	\$		.00
f. Program income	\$		.00
g. TOTAL	\$	10,704,000	.00

14. CONGRESSIONAL DISTRICTS OF

a. Applicant

15th

b. Project

15th

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE: January 28, 2009

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix Ms

First Name Deanna

Middle Name

Last Name Santana

Suffix

b. Title Assistant to the City Manager

c. Telephone number (give area code)

408-535-8280

d. Signature of Authorized Representative

e. Date Signed

1/28/09

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED February 5, 2009	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: McCloud Community Services District	Organizational Unit: Department: McCloud Volunteer Fire Department
Organizational DUNS: 153922406	Division:
Address: Street: 220 W. Minnesota Ave.	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: McCloud	Prefix: Mrs.
County: Siskiyou	First Name: Beth
State: CA	Middle Name No Middle Name
Zip Code 96057	Last Name Steele
Country: USA	Suffix:
	Email: beth@ci.mccloudcsd.ca.us

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1614312	Phone Number (give area code) (530) 964-2017	Fax Number (give area code) (530) 964-3175
--	---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) G Other (specify)
--	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE (Name of Program): Community Facilities Grant Program (CF) - First Responders Grant	9. NAME OF FEDERAL AGENCY: USDA, Rural Development
--	---

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Town of McCloud and surrounding to Siskiyou/Shasta county lines	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Personal Protective Equipment 2009
--	---

13. PROPOSED PROJECT Start Date: March 2009 Ending Date: April 2009	14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 2 - Wally Herger b. Project District 2 - Wally Herger
---	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 6,930.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant \$ 8,470.00	DATE: 01/30/09
c. State \$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
d. Local \$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
f. Program Income \$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
g. TOTAL \$ 15,400.00	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative		
Prefix Mrs.	First Name Beth	Middle Name No Middle Name
Last Name Steele		Suffix
b. Title General Manager		c. Telephone Number (give area code) (530) 964-2017
d. Signature of Authorized Representative <i>Beth Steele</i>		e. Date Signed 01/30/09

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision
* If Revision, select appropriate letter(s): _____ * Other (Specify): _____		
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier: _____
5a. Federal Entity Identifier: _____		* 5b. Federal Award Identifier: _____
State Use Only:		RECEIVED FEB 05 2009 STATE CLEARING HOUSE
6. Date Received by State: _____		7. State Application Identifier: _____
8. APPLICANT INFORMATION:		
* a. Legal Name: City of Riverbank		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 946000407		* c. Organizational DUNS: 946310463
d. Address:		
* Street1: 6707 Third Street		
Street2: _____		
* City: Riverbank		
County: Stanislaus		
* State: CA: California		
Province: _____		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 95367		
e. Organizational Unit:		
Department Name: Local Redevelopment Authority		Division Name: _____
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Ms.		* First Name: Deborah
Middle Name: Lynn		
* Last Name: Olson		
Suffix: _____		
Title: Executive Director		
Organizational Affiliation: City of Riverbank		
* Telephone Number: 2098637157		Fax Number: 2098697044
* Email: dolson@riverbank.org		

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

☐ C: City or Township Government

Type of Applicant 2: Select Applicant Type:

☒ X: Other (specify)

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Local Redevelopment Authority

* 10. Name of Federal Agency:

Economic Development Administration

11. Catalog of Federal Domestic Assistance Number:

11.307

CFDA Title:

Economic Adjustment Assistance

* 12. Funding Opportunity Number:

EDA10012008EDAP

* Title:

Economic Development Assistance Programs

13. Competition Identification Number:

05

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Riverbank
Stanislaus County
State of California

* 16. Descriptive Title of Applicant's Project:

Strategic Planning Activity for the Riverbank Army Ammunition Plant: A 2005 Realignment and Closure Project

Attach supporting documents as specified in agency instructions.

[Add Attachments](#)[Delete Attachment](#)[View Attachments](#)

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: 19

* b. Program/Project: CA-019

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 03/23/2009

* b. End Date: 04/12/2010

18. Estimated Funding (\$):

* a. Federal	144,000.00
* b. Applicant	36,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	180,000.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 02/03/2009.
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Ms. * First Name: Deborah

Middle Name: Lynn

* Last Name: Olson

Suffix:

* Title: Executive Director

* Telephone Number: 2098637157 Fax Number: 2098697044

* Email: dolson@riverbank.org

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 01/07/2009	Applicant Identifier
<input checked="" type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name:		Organizational Unit:	
COUNTY OF SAN DIEGO		Department: PUBLIC WORKS	
Organizational DUNS: 00-9581646		Division: AIRPORTS	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street:		Prefix: First Name: PETER	
1960 JOE GROSSON DR.		Middle Name	
City: EL CAJON		Last Name DRINKWATER	
County: SAN DIEGO		Suffix:	
State: CA Zip Code: 92020		Email: PETER.DRINKWATER@sdcounty.ca.gov	
Country: USA		Phone Number (give area code): (619) 956-4800	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000934		Fax Number (give area code): (619) 956-4801	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision (If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106 TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM (AIP)		9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): RAMONA, SAN DIEGO COUNTY, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: RAMONA AIRPORT - SLURRY SEAL RUNWAY, APPROXIMATELY 5,000 ft LONG X 150 ft WIDE \$308,750.00, TAXIWAY ALPHA APPROXIMATELY 5,000 ft LONG AND 50 ft WIDE, TAXIWAY BRAVO APPROXIMATELY 700 ft LONG X 35 ft WIDE \$237,500.00 AND APRON APPROXIMATELY 5.7 ACRES \$142,500.00, DIGOUT AND RECONSTRUCT SELECT AREA OF FAILED PAVEMENT IF NEEDED	
13. PROPOSED PROJECT Start Date: TBD Ending Date: TBD		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 52 b. Project 52	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal \$ 688,750		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: BY 01/12/09 (Faxed to (916) 323.3018)	
b. Applicant \$ 19,031		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State \$ 17,219		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local \$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other \$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income \$			
g. TOTAL \$ 725,000			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix		First Name PETER Middle Name L.	
Last Name DRINKWATER		Suffix	
b. Title DIRECTOR OF COUNTY AIRPORTS		c. Telephone Number (give area code) (619) 956-4839	
d. Signature of Authorized Representative		e. Date Signed 01/07/2009	

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Prescribed by OMB Circular A-102

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 01/07/2009	Applicant Identifier	
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: COUNTY OF SAN DIEGO		Organizational Unit: Department: PUBLIC WORKS		
Organizational DUNS: 00-9581646		Division: AIRPORTS		
Address: Street: 1960 JOE CROSSON DR. City: EL CAJON County: SAN DIEGO State: CA Zip Code: 92025 Country: USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: PETER Middle Name: Last Name: DRINKWATER Suffix: Email: Peter.Drinkwater@sdcounty.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000934		Phone Number (give area code) (619) 956-4800 Fax Number (give area code) (619) 956-4801		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM (AIP)		9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CARLSBAD, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: McCLELLAN-PALOMAR AIRPORT - Rehabilitate Runway 6/24 including design to reconstruct a failing pavement section approximately 300' long and 150' wide. This requires geotechnical evaluation of subsurface base soils and materials.		
13. PROPOSED PROJECT Start Date: TBD Ending Date: TBD		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 52 b. Project 51		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 5,225,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 01/12/09 Fax (916) 323-3018 Sheila Brown		
b. Applicant	\$ 275,000	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$ 0			
g. TOTAL	\$ 5,500,000			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix	First Name PETER	Middle Name L.		
Last Name DRINKWATER	Suffix			
b. Title DIRECTOR OF COUNTY AIRPORTS	c. Telephone Number (give area code) (619) 956-4839		e. Date Signed 01/07/2009	
d. Signature of Authorized Representative				

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Prescribed by OMB Circular A-102



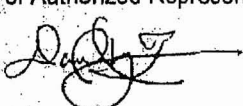
SF 424

The SF 424 is part of the CPMP Annual Action Plan. SF 424 form fields are included in this document. Grantee information is linked from the ICPMP.xls document of the CPMP tool.

SF 424

Complete the fillable fields (blue cells) in the table below. The other items are pre-filled with values from the Grantee Information Worksheet.

Date Submitted: May 17, 2007	Applicant Identifier	Type of Submission	
Date Received by state	State Identifier	Application	Pre-application
Date Received by HUD	Federal Identifier	<input type="checkbox"/> Construction	<input type="checkbox"/> Construction
		<input type="checkbox"/> Non Construction	<input type="checkbox"/> Non Construction
Applicant Information			
City of Madera		CA62166 MADERA	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED FEB 09 2009 </div>
205 W. Fourth Street		78772142	
		Organizational Unit	
Madera	California	Grant Administration	
93637	Country U.S.A.		
Employer Identification Number (EIN):			STATE CLEARING HOUSE
946000365			
Applicant Type:		Specify Other Type if necessary:	
Local Government: City		Specify Other Type	
Program Funding		U.S. Department of Housing and Urban Development	
Catalogue of Federal Domestic Assistance Numbers; Descriptive Title of Applicant Project(s); Areas Affected by Project(s) (cities, Counties, localities etc.); Estimated Funding			
Community Development Block Grant		14.218 Entitlement Grant	
Administration, Public Services and Public Improvements/Capital Projects		Within the city limits of the City of Madera in Census Tracts 5.02, 6.01, 6.02, 8.00 and 9.00.	
\$987,805			
Locally Leveraged Funds \$44,000			
Total Funds Leveraged for CDBG-based Project(s) \$1,031,805			
Home Investment Partnerships Program		14.239 HOME	
HOME Project Titles		Description of Areas Affected by HOME Project(s)	
\$HOME Grant Amount	\$Additional HUD Grant(s) Leveraged	Describe	
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged	
\$Locally Leveraged Funds		\$Grantee Funds Leveraged	

\$Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for HOME-based Project(s)			
Housing Opportunities for People with AIDS		14.241 HOPWA	
HOPWA Project Titles		Description of Areas Affected by HOPWA Project(s)	
\$HOPWA Grant Amount	\$Additional HUD Grant(s) Leveraged	Describe	
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged	
\$Locally Leveraged Funds		\$Grantee Funds Leveraged	
\$Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for HOPWA-based Project(s)			
Emergency Shelter Grants Program		14.231 ESG	
ESG Project Titles		Description of Areas Affected by ESG Project(s)	
\$ESG Grant Amount	\$Additional HUD Grant(s) Leveraged	Describe	
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged	
\$Locally Leveraged Funds		\$Grantee Funds Leveraged	
\$Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for ESG-based Project(s)			
Congressional Districts of:		Is application subject to review by state Executive Order 12372 Process?	
Applicant Districts 19 th	Project Districts 19 th		
Is the applicant delinquent on any federal debt? If "Yes" please include an additional document explaining the situation.		<input type="checkbox"/> Yes	This application was made available to the state EO 12372 process for review on DATE
		X No	Program is not covered by EO 12372
<input type="checkbox"/> Yes	X No	<input type="checkbox"/> N/A	Program has not been selected by the state for review
Person to be contacted regarding this application			
Jorge	Antonio	Rojas	
Program Manager - Grants	559-661-3074	559-674-2972 Fax	
jrojas@cityofmadera.com	www.cityofmadera.org		
Signature of Authorized Representative		Date Signed	
		May 17, 2007	



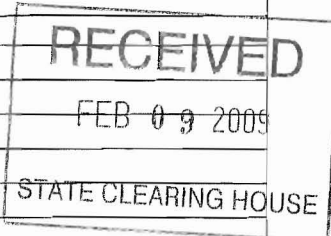
SF 424

The SF 424 is part of the CPMP Annual Action Plan. SF 424 form fields are included in this document. Grantee information is linked from the ICPMP.xls document of the CPMP tool.


SF 424

Complete the fillable fields (blue cells) in the table below. The other items are pre-filled with values from the Grantee Information Worksheet.

Date Submitted May 16, 2008	Applicant Identifier	Type of Submission	
Date Received by state	State Identifier	Application	Pre-application
Date Received by HUD	Federal Identifier	<input type="checkbox"/> Construction	<input type="checkbox"/> Construction
		<input type="checkbox"/> Non Construction	<input type="checkbox"/> Non Construction
Applicant Information			
City of Madera		CA62166 MADERA	
205 W. Fourth Street		78772142	
		Organizational Unit	
Madera	California	Grant Administration	
93637	Country U.S.A.		
Employer Identification Number (EIN):			
946000365			
Applicant Type:		Specify Other Type if necessary:	
Local Government: City		Specify Other Type	
Program Funding		U.S. Department of Housing and Urban Development	
Catalogue of Federal Domestic Assistance Numbers; Descriptive Title of Applicant Project(s); Areas Affected by Project(s) (cities, Counties, localities etc.); Estimated Funding			
Community Development Block Grant		14.218 Entitlement Grant	
Administration, Public Services and Public Improvements/Capital Projects		Within the city limits of the City of Madera in Census Tracts 5.02, 6.01, 6.02, 8.00 and 9.00.	
\$957,730			
Locally Leveraged Funds \$64,594 CDBG Unprogrammed Funds			
CDBG Revolving Loan Funds \$67,083			
Total Funds Leveraged for CDBG-based Project(s) \$1,089,407			
Home Investment Partnerships Program		14.239 HOME	
HOME Project Titles		Description of Areas Affected by HOME Project(s)	
\$HOME Grant Amount	\$Additional HUD Grant(s) Leveraged	Describe	
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged	
\$Locally Leveraged Funds		\$Grantee Funds Leveraged	



\$Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for HOME-based Project(s)			
Housing Opportunities for People with AIDS		14.241 HOPWA	
HOPWA Project Titles		Description of Areas Affected by HOPWA Project(s)	
\$HOPWA Grant Amount	\$Additional HUD Grant(s) Leveraged	Describe	
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged	
\$Locally Leveraged Funds		\$Grantee Funds Leveraged	
\$Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for HOPWA-based Project(s)			
Emergency Shelter Grants Program		14.231 ESG	
ESG Project Titles		Description of Areas Affected by ESG Project(s)	
\$ESG Grant Amount	\$Additional HUD Grant(s) Leveraged	Describe	
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged	
\$Locally Leveraged Funds		\$Grantee Funds Leveraged	
\$Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for ESG-based Project(s)			
Congressional Districts of:		Is application subject to review by state Executive Order 12372 Process?	
Applicant Districts 19 th	Project Districts 19 th		
Is the applicant delinquent on any federal debt? If "Yes" please include an additional document explaining the situation.		<input type="checkbox"/> Yes	This application was made available to the state EO 12372 process for review on DATE
		X No	Program is not covered by EO 12372
<input type="checkbox"/> Yes	X No	<input type="checkbox"/> N/A	Program has not been selected by the state for review

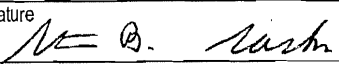

Person to be contacted regarding this application		
Jorge	Antonio	Rojas
Program Manager - Grants	559-661-3693	559-674-2972 Fax
jrojas@cityofmadera.com	www.cityofmadera.org	
Signature of Authorized Representative		Date Signed
		May 16, 2008

Funding Approval/AgreementTitle I of the Housing and Community
Development Act (Public Law 930383)**U.S. Department of Housing and Urban Development**Office of Community Planning and Development
Community Development Block Grant Program

HI-00515R of 20515R

1. Name of Grantee (as shown in item 5 of Standard Form 424) CITY OF MADERA	3. Grantee's 9-digit Tax ID Number 94-6000365	4. Date use of funds may begin 07/01/2008
2. Grantee's Complete Address (as shown in item 5 of Standard Form 424) 205 WEST FOURTH STREET MADERA, CA 93637	5a. Project/Grant No. 1 B-08-MC-06-0053	6a. Amount Approved \$957,730
	5b. Project/Grant No. 2	6b. Amount Approved
	5c. Project/Grant No. 3	6c. Amount Approved
062166 EC1-B-8-09-01		

Grant Agreement: This Grant Agreement between the Department of Housing and Urban Development (HUD) and the above named Grantee is made pursuant to the authority of Title I of the Housing and Community Development Act of 1974, as amended, (42 USC 5301 et seq.). The Grantee's submissions for Title I assistance, the HUD regulations at 24 CFR Part 570 (as now in effect and as may be amended from time to time), and this Funding Approval, including any special conditions, constitute part of the Agreement. Subject to the provisions of this Grant Agreement, HUD will make the funding assistance specified here available to the Grantee upon execution of the Agreement by the parties. The funding assistance specified in the Funding Approval may be used to pay costs incurred after the date specified in item 4 above provided the activities to which such costs are related are carried out in compliance with all applicable requirements. Pre-agreement costs may not be paid with funding assistance specified here unless they are authorized in HUD regulations or approved by waiver and listed in the special conditions to the Funding Approval. The Grantee agrees to assume all of the responsibilities for environmental review, decision making, and actions, as specified and required in regulations issued by the Secretary pursuant to Section 104(g) of Title I and published in 24 CFR Part 58. The Grantee further acknowledges its responsibility for adherence to the Agreement by sub-recipient entities to which it makes funding assistance hereunder available.

U.S. Department of Housing and Urban Development (By Name) STEVEN B. SACHS	Grantee Name City of Madera
Title DIRECTOR, COMMUNITY PLANNING AND DEVELOPMENT	Title City Administrator - David R. Tooley
Signature X 	Signature X 
Date JUL 3 - 2008	Date August 21, 2008

7. Category of Title I Assistance for this Funding Action (check only one) <input checked="" type="checkbox"/> a. Entitlement, Sec 106(b) <input type="checkbox"/> b. State-Administered, Sec 106(d)(1) <input type="checkbox"/> c. HUD-Administered Small Cities, Sec 106(d)(2)(B) <input type="checkbox"/> d. Indian CDBG Programs, Sec 106(a)(1) <input type="checkbox"/> e. Surplus Urban Renewal Funds, Sec 112(b) <input type="checkbox"/> f. Special Purpose Grants, Sec 107 <input type="checkbox"/> g. Loan Guarantee, Sec 108	8. Special Conditions (check one) <input type="checkbox"/> None <input checked="" type="checkbox"/> Attached	9a. Date HUD Received Submission 05/19/2008 9b. Date Grantee Notified AUG 15 2008 9c. Date of Start of Program Year 07/01/2008	10. check one <input checked="" type="checkbox"/> a. Orig. Funding Approval <input type="checkbox"/> b. Amendment Amendment Number															
	11. Amount of Community Development Block Grant <table border="1"><thead><tr><th></th><th>FY (2008)</th><th>FY ()</th><th>FY ()</th></tr></thead><tbody><tr><td>a. Funds Reserved for this Grantee</td><td>\$957,730</td><td></td><td></td></tr><tr><td>b. Funds now being Approved</td><td>\$957,730</td><td></td><td></td></tr><tr><td>c. Reservation to be Cancelled (11a minus 11b)</td><td></td><td></td><td></td></tr></tbody></table>				FY (2008)	FY ()	FY ()	a. Funds Reserved for this Grantee	\$957,730			b. Funds now being Approved	\$957,730			c. Reservation to be Cancelled (11a minus 11b)		
	FY (2008)	FY ()	FY ()															
a. Funds Reserved for this Grantee	\$957,730																	
b. Funds now being Approved	\$957,730																	
c. Reservation to be Cancelled (11a minus 11b)																		

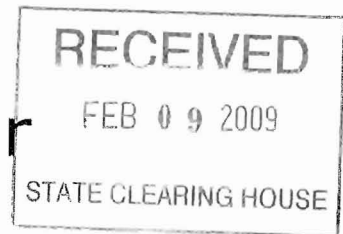
12a. Amount of Loan Guarantee Commitment now being Approved	12b. Name and complete Address of Public Agency
Loan Guarantee Acceptance Provisions for Designated Agencies: The public agency hereby accepts the Grant Agreement executed by the Department of Housing and Urban Development on the above date with respect to the above grant number(s) as Grantee designated to receive loan guarantee assistance, and agrees to comply with the terms and conditions of the Agreement, applicable regulations, and other requirements of HUD now or hereafter in effect, pertaining to the assistance provided it.	12c. Name of Authorized Official for Designated Public Agency
	Title
	Signature

HUD Accounting use Only

Batch	TAC	Program Y	A	Reg	Area	Document No.	Project Number	Category	Amount	Effective Date (mm/dd/yyyy)	F
	153										
	176										
		Y					Project Number		Amount		
		Y					Project Number		Amount		
Date Entered PAS (mm/dd/yyyy)	Date Entered LOCCS (mm/dd/yyyy)	Batch Number	Transaction Code	Entered By	Verified By						



Second Program Year Action Plan



The CPMP Second Annual Action Plan includes the SF 424 and Narrative Responses to Action Plan questions that CDBG, HOME, HOPWA, and ESG grantees must respond to each year in order to be compliant with the Consolidated Planning Regulations. The Executive Summary narratives are optional.

SF 424

Complete the fillable fields (blue cells) in the table below. The other items are pre-filled with values from the Grantee Information Worksheet.

May 18, 2006	Applicant Identifier		Type of Submission	
Date Received by state	State Identifier	Application	Pre-application	
Date Received by HUD	Federal Identifier	<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	
		<input type="checkbox"/> Non Construction	<input type="checkbox"/> Non Construction	
Applicant Information				
City of Madera		CA62166 MADERA		
205 W. Fourth Street		78772142		
Street Address Line 2		Organizational Unit		
Madera	California	Administration		
93637	Country U.S.A.	Grants Administration		
Employer Identification Number (EIN):		Madera		
946000365		2005/07		
Applicant Type:		Specify Other Type if necessary:		
Local Government: City		Specify Other Type		
Program Funding		U.S. Department of Housing and Urban Development		
Catalogue of Federal Domestic Assistance Numbers; Descriptive Title of Applicant Project(s); Areas Affected by Project(s) (cities, Counties, localities etc.); Estimated Funding				
Community Development Block Grant		14.218 Entitlement Grant		
Administration, Public Services and Public Improvements/Capital Projects		Within the city limits of the City of Madera in Census Tracts 5.02, 6.01, 6.02, 8.00 and 9.00.		
\$ 986,261	\$	Describe		
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged		
\$Locally Leveraged Funds		\$Grantee Funds Leveraged		
\$		Other (Describe)		
Total Funds Leveraged for CDBG-based Project(s) \$986,261				

Home Investment Partnerships Program		14.239 HOME	
HOME Project Titles		Description of Areas Affected by HOME Project(s)	
\$HOME Grant Amount	\$Additional HUD Grant(s) Leveraged	Describe	
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged	
\$Locally Leveraged Funds		\$Grantee Funds Leveraged	
\$Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for HOME-based Project(s)			
Housing Opportunities for People with AIDS		14.241 HOPWA	
HOPWA Project Titles		Description of Areas Affected by HOPWA Project(s)	
\$HOPWA Grant Amount	\$Additional HUD Grant(s) Leveraged	Describe	
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged	
\$Locally Leveraged Funds		\$Grantee Funds Leveraged	
\$Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for HOPWA-based Project(s)			
Emergency Shelter Grants Program		14.231 ESG	
ESG Project Titles		Description of Areas Affected by ESG Project(s)	
\$ESG Grant Amount	\$Additional HUD Grant(s) Leveraged	Describe	
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged	
\$Locally Leveraged Funds		\$Grantee Funds Leveraged	
\$Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for ESG-based Project(s)			
Congressional Districts of:		Is application subject to review by state Executive Order 12372 Process?	
Applicant Districts 19th	Project Districts 19th		
Is the applicant delinquent on any federal debt? If "Yes" please include an additional document explaining the situation.		<input type="checkbox"/> Yes	This application was made available to the state EO 12372 process for review on DATE
		<input checked="" type="checkbox"/> No	Program is not covered by EO 12372
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Program has not been selected by the state for review

Version 7/03

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier	
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
<input type="checkbox"/> Non-Construction				
5. APPLICANT INFORMATION				
Legal Name: FRESNO AREA HISPANIC FOUNDATION		Organizational Unit: Department: N/A		
Organizational DUNS: 068011449		Division: N/A		
Address: Street: 1444 FULTON ST.		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: FRESNO		Prefix: MS	First Name: DORA	
County: FRESNO		Middle Name		
State: CALIFORNIA		Last Name WESTERLUND		
Zip Code: 93721		Suffix:		
Country: USA		Email: dwesterlund@fahcc.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7 5 - 3 1 2 9 7 0 5		Phone Number (give area code) (559) 222-8705		Fax Number (give area code) (559) 222-8708
7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) BUILDING RENOVATION AND UPGRADE Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 1 - 3 0 0		9. NAME OF FEDERAL AGENCY: ECONOMIC DEVELOPMENT ADMINISTRATION		
TITLE (Name of Program): PUBLIC WORKS AND ECONOMIC DEVELOPMENT PROGRAM		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FRESNO AREA HISPANIC FOUNDATION - BUILDING RENOVATION AND UPGRADE		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CITY and COUNTY of FRESNO				
13. PROPOSED PROJECT Start Date: JAN 15, 2009 Ending Date: JULY 15, 2009		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: JIM COSTA b. Project: JIM COSTA		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 1,429,750	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:		
b. Applicant	\$ 2,600,000	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$			
g. TOTAL	\$ 4,029,750			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix: MS	First Name: DORA	Middle Name: NMI		
Last Name:		Suffix:		
b. Title: PRESIDENT & CHIEF EXECUTIVE OFFICER		c. Telephone Number (give area code): (559) 222-8705		
d. Signature of Authorized Representative:		e. Date Signed: SEPTEMBER 2008		

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68--0281986 6. DUNS Number: 808321913 8. Type of Application: <input checked="" type="checkbox"/> New _____ Revision _____ Continuation _____ If Revision, enter appropriate letter(s): _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		4. Date Rec'd by Federal	Federal Identifier
10. Catalog of Federal Domestic Assistance Number 66.458 Title: Capitalization Grants for Clean Water State Revolving Fund		Organizational Unit: Division of Financial Assistance Name and telephone of person to be contacted on matters involving this application (give area code): Barbara Evoy (916) 341-5632	
12. Area Affected by Project: (cities, counties, states, etc.) California		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
13. Proposed Project: Start Date 2/1/2009 End Date 2/28/2014		9. Name of Federal Agency: U. S. Environmental Protection Agency	
15. ESTIMATED FUNDING: a. Federal \$423,000,000 b. Applicant \$0 c. State \$0 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$423,000,000		11. Descriptive Title of Applicant's Project: Provide low-interest financing for publicly owned treatment facilities, implementation of a Non-point projects, programs, and development and execution of estuary comprehensive conservation and management plans. The economic recovery funds are available for these projects.	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		14. Congressional District of: Applicant: Project: 3 California - All	
a. Typed Name of Authorized Representative Dorothy Rice		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: February 9, 2009 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
d. Signature of Authorized Representative		17. Is the applicant delinquent on any Federal debt? _____ YES, attach explanation _____ <input checked="" type="checkbox"/> NO	
b. Title: Executive Director		c. Telephone Number (916) 341-5615	
e. Date Signed: 2/13/2009			

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED February 6, 2009		Applicant Identifier	
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: County of Kern, California			Organizational Unit: Department: Department of Airports		
Organizational DUNS: 94-916-9015			Division:		
Address: Street: 3701 Wings Way, Suite 300			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Bakersfield			Prefix: Mr First Name: Matthew		
County: Kern			Middle Name: D		
State: CA Zip Code: 93308			Last Name: Maass		
Country: USA			Suffix:		
			Email: maassm@co.kern.ca.us		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 6 0 0 0 9 2 5			Phone number (give area code): (661) 391-1800		FAX number (give area code): (661) 391-1801
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify):		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 2 0 - 1 0 6			9. NAME OF FEDERAL AGENCY Federal Aviation Administration		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): City of Taft, Kern County, California, USA			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Airport Feasibility Study for Taft Airport :		
13. PROPOSED PROJECT Start Date 2/24/09 Ending Date 10/01/09			14. CONGRESSIONAL DISTRICTS OF a. Applicant 22 b. Project 22		
15. ESTIMATED FUNDING			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS		
a. Federal	\$	120,190 .00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	6,326 .00	DATE: February 6, 2009		
c. State	\$	.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$	.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program income	\$	.00	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No		
g. TOTAL	\$	126,516 .00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative					
Prefix Mr		First Name Matthew		Middle Name D	
Last Name Maass				Suffix	
b. Title Deputy Director				c. Telephone number (give area code) (661) 391-1800	
d. Signature of Authorized Representative				e. Date Signed February 6, 2009	

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

RECEIVED

FEB 09 2009

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

STATE CLEARING HOUSE

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: National Farm Workers Service Center, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN):

95-24667747

* c. Organizational DUNS:

0741296851602

d. Address:

* Street1: 634 S. Spring Street, Suite 400

Street2:

* City: Los Angeles

County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 90014

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Ms.

* First Name:

Sandra

Middle Name:

Vanessa

* Last Name:

Santana

Suffix:

Title: Project Manager

Organizational Affiliation:

* Telephone Number: (213) 362-0260 Ext. 258

Fax Number: (213) 362-0265

* Email: ssantana@nfwsc.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.157

CFDA Title:

Supportive Housing for the Elderly

* 12. Funding Opportunity Number:

FR-5218-N-01

* Title:

Section 202 Demonstration Pre-Development Grant Program

13. Competition Identification Number:

S202-DEMO

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

* 15. Descriptive Title of Applicant's Project:

HUD 202 Capital Advance Grant to develop 49 units of new construction for seniors. The units will be located at 1655 E. California Avenue, Bakersfield, California 93307.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="7,460,100.00"/>
* b. Applicant	<input type="text" value="10,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="7,470,100.00"/>

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED		Applicant Identifier	
<input checked="" type="checkbox"/> Construction		<input type="checkbox"/> Pre-application		3. DATE RECEIVED BY STATE	
<input type="checkbox"/> Non-Construction		<input type="checkbox"/> Construction		State Application Identifier	
<input type="checkbox"/> Non-Construction		<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY FEB 02 2009	
5. APPLICANT INFORMATION					
Legal Name: Surprise Valley Joint Unified School District			Organizational Unit: Department:		
Organizational DUNS: 100140672			Division:		
Address: Street: 470 Lincoln Street P.O. Box 100			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Cedarville			Prefix: Mrs.		
County: Modoc			First Name: Robin		
State: CA			Middle Name: Leigh		
Zip Code: 96104			Last Name: Teuscher		
Country: USA			Suffix:		
Email: svjedu@hdo.net			FEB 10 2009		
Fax Number (give area code): (530) 279-2210			STATE CLEARING HOUSE		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 01-0560287					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) N Other (specify) School District		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766			9. NAME OF FEDERAL AGENCY: USDA - RD		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Service area of Surprise Valley Joint Unified School District			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Child Care Facility		
13. PROPOSED PROJECT Start Date: 6-1-09 Ending Date: 09-01-09 Construction Phase			14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 4 b. Project District 4		
16. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	50,000	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	25,307	DATE:		
c. State	\$	17,300	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$	10,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$	102,607			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix: Mr.		First Name: Donald		Middle Name: M	
Last Name: Demaher				Suffix:	
b. Title: Superintendent				c. Telephone Number (give area code): (530) 279-8141	
d. Signature of Authorized Representative				e. Date Signed: 1-28-09	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED January 27, 2009	Applicant Identifier
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: City of Watsonville		Organizational Unit: Department: Airports	
Organizational DUNS: 030414994		Division:	
Address: Street: 100 Aviation Way		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Watsonville		Prefix: Mr.	First Name: Donald
County: Santa Cruz		Middle Name E.	
State: California		Last Name French	
Zip Code 95076	Suffix:		
Country: USA		Email: dfrench@ci.watsonville.ca.us	

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94-6000451

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)

Other (specify)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

20-106

TITLE (Name of Program):
Airport Improvement Program

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

City of Watsonville, California

13. PROPOSED PROJECT

Start Date: 2009 Ending Date: 2009

15. ESTIMATED FUNDING:

a. Federal	\$	190,000.00
b. Applicant	\$	5,250.00
c. State	\$	4,750.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	200,000.00

7. TYPE OF APPLICANT: (See back of form for Application Types)

C. Municipal

Other (specify)

9. NAME OF FEDERAL AGENCY:

Federal Aviation Administration

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Watsonville Municipal Airport, Watsonville, Santa Cruz County, California
Engineering Design Projects
Pavement Evaluation Study and Pavement Management Plan

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 17 b. Project 17

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE: February 3, 2009

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix Mr.	First Name Donald	Middle Name E.
Last Name French		Suffix
b. Title Airport Manager		c. Telephone Number (give area code) (831) 728-6075
d. Signature of Authorized Representative		e. Date Signed

Previous Edition Usable

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED February 3, 2009		Applicant Identifier OXR 09-2	
		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier NPIAS 3-06-0179-029-2009	
5. APPLICANT INFORMATION					
Legal Name: County of Ventura			Organizational Unit: Department: Department of Airports		
Organizational DUNS: 129771036			Division:		
Address: Street: 555 Airport Way, Suite B			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Camarillo			Prefix: Mr.		
County: Ventura			First Name: Todd		
State: CA			Middle Name		
Zip Code 93010			Last Name McNamee		
Country: USA			Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000944			Email: todd.mcnamee@ventrua.org		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			7. TYPE OF APPLICANT: (See back of form for Application Types)		
Other (specify)			Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Airport Improvement Program			9. NAME OF FEDERAL AGENCY: Federal Aviation Administration, Western Pacific Region		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Ventura County			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Environmental Planning for the following projects: Relocate Displaced Threshold on Runway 25. Purchase of approximately 10.2 acres of property on the east side. Purchase of approximately 9 acres of property on the north side.		
13. PROPOSED PROJECT Start Date: July 2009			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 23 & 24		
Ending Date: July 2011			b. Project 24		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	250,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	13,158.00	DATE: February 3, 2009, FAX'ed to (916) 323-3018		
c. State	\$	.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$	.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$	.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$	263,158.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative					
Prefix Mr.		First Name Todd		Middle Name	
Last Name McNamee		Suffix		c. Telephone Number (give area code) (805) 388-4200	
b. Title Director of Airports		d. Signature of Authorized Representative		e. Date Signed February 3, 2009	

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision
* 3. Date Received: Completed by Grants.gov upon submission		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
4. Applicant Identifier: <input type="text"/>		
5a. Federal Entity Identifier: <input type="text"/>		* 5b. Federal Award Identifier: <input type="text"/>
State Use Only:		
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>
8. APPLICANT INFORMATION:		
* a. Legal Name: Dominican University of California		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1156525		* c. Organizational DUNS: 074664855
d. Address:		
* Street1: 50 Acacia Avenue		
Street2: <input type="text"/>		
* City: San Rafael		
County: <input type="text"/>		
* State: CA: California		
Province: <input type="text"/>		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 94901-2298		
e. Organizational Unit:		
Department Name: Business		Division Name: <input type="text"/>
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/>		* First Name: Susan
Middle Name: <input type="text"/>		
* Last Name: Elliott		
Suffix: <input type="text"/>		
Title: Director, Research & Sponsored Programs		
Organizational Affiliation: Dominican University of California		
* Telephone Number: 415-257-1308		Fax Number: 415-257-0162
* Email: susan.elliott@dominican.edu		

RECEIVED

FEB 13 2009

STATE CLEARING HOUSE

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

0: Private Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.808

CFDA Title:

Solid Waste Management Assistance Grants

* 12. Funding Opportunity Number:

EPA-R9-WST7-09-002

* Title:

Solid Waste Assistance Grants

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

California, all states

* 15. Descriptive Title of Applicant's Project:

EFC9 proposes to launch a Sustainable Entrepreneur Program that will be a series of lunchtime webinars, e-case studies and affordable live support offered to small businesses, etc.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-06

* b. Program/Project CA-06

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 10/01/2009

* b. End Date: 09/30/2010

18. Estimated Funding (\$):

* a. Federal	58,580.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	58,580.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 02/13/2009.
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: Susan

Middle Name:

* Last Name: Elliott

Suffix:

* Title: Dir. Research and Sponsored Programs

* Telephone Number: 415-257-1308 Fax Number: 415-257-0162

* Email: susan.elliott@dominican.edu

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission